Bright Futures Medical Screening Reference Table
First Week Visit (3 to 5 Days)

Universal Screening	Action
Hearing	If not done previously, verify documentation of newborn hearing screening results and appropriate rescreening.[a]
Newborn: Blood	Verify documentation of newborn blood screening results, and that any positive results have been acted upon with appropriate rescreening, needed follow-up, and referral.

Selective Screening	Medical History Risk Factors[b]	Risk Assessment[c]	Action if Risk Assessment Is Positive
Blood Pressure	• History of prematurity, very low birth weight, or other neonatal complication requiring intensive care • Congenital heart disease (repaired or non-repaired) • Recurrent urinary tract infections, hematuria, or proteinuria • Known kidney disease or urological malformations • Family history of congenital kidney disease • Solid-organ transplant • Malignancy or bone marrow transplant • Treatment with drugs known to raise blood pressure • Other systemic illnesses associated with hypertension (eg, neurofibromatosis, tuberous sclerosis) • Evidence of increased elevated intracranial pressure	*Children with specific risk conditions or change in risk*	Blood pressure measurement
Vision	• Parental concern. • Relevant family histories regarding eye disorders or preschool or early childhood use of glasses in parents or siblings should be explored.	• Do you have concerns about how your child sees?	Ophthalmology referral

[a] Positive screenings should be referred for a diagnostic audiologic assessment, and an infant with a definitive diagnosis should be referred to the state Early Intervention Program.
[b] The Evidence and Rationale chapter of *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, 4th Edition, provides additional information on these risk criteria.
[c] Based on risk factors noted in *italics* or on the risk assessment questions listed here.

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Bright Futures Medical Screening Reference Table
1 Month Visit

Universal Screening	Action
Depression: Maternal	Maternal depression screen
Hearing	If not yet done, hearing screening test should be completed.[a]
Newborn: Blood	Verify documentation of newborn blood screening results, and that any positive results have been acted upon with appropriate rescreening, needed follow-up, and referral.

Selective Screening	Medical History Risk Factors[b]	Risk Assessment[c]	Action if Risk Assessment Is Positive
Blood Pressure	• History of prematurity, very low birth weight, or other neonatal complication requiring intensive care • Congenital heart disease (repaired or non-repaired) • Recurrent urinary tract infections, hematuria, or proteinuria • Known kidney disease or urological malformations • Family history of congenital kidney disease • Solid-organ transplant • Malignancy or bone marrow transplant • Treatment with drugs known to raise blood pressure • Other systemic illnesses associated with hypertension (eg, neurofibromatosis, tuberous sclerosis) • Evidence of increased elevated intracranial pressure	*Children with specific risk conditions or change in risk*	Blood pressure measurement
Tuberculosis	Children who should have an annual tuberculosis test • Children infected with human immunodeficiency virus (HIV)	• Was your child or any household member born in, or has he or she traveled to, a country where tuberculosis is common (this includes countries in Africa, Asia, Latin America, and Eastern Europe)? • Has your child had close contact with a person who has tuberculosis disease or who has had a positive tuberculosis test result? • Is your child infected with HIV?	Tuberculosis test
Vision	• Parental concern. • Relevant family histories regarding eye disorders or preschool or early childhood use of glasses in parents or siblings should be explored.	• Do you have concerns about how your child sees?	Ophthalmology referral

[a] Positive screenings should be referred for a diagnostic audiologic assessment, and an infant with a definitive diagnosis should be referred to the state Early Intervention Program.

[b] The Evidence and Rationale chapter of *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, 4th Edition, provides additional information on these risk criteria.

[c] Based on risk factors noted in *italics* or on the risk assessment questions listed here.

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Bright Futures Medical Screening Reference Table
2 Month Visit

Universal Screening	Action
Depression: Maternal	Maternal depression screen
Hearing	If not done previously, verify documentation of newborn hearing screening results and appropriate rescreening.[a]
Newborn: Blood	Verify documentation of newborn blood screening results, and that any positive results have been acted upon with appropriate rescreening, needed follow-up, and referral.

Selective Screening	Medical History Risk Factors[b]	Risk Assessment[c]	Action if Risk Assessment Is Positive
Blood Pressure	• History of prematurity, very low birth weight, or other neonatal complication requiring intensive care • Congenital heart disease (repaired or non-repaired) • Recurrent urinary tract infections, hematuria, or proteinuria • Known kidney disease or urological malformations • Family history of congenital kidney disease • Solid-organ transplant • Malignancy or bone marrow transplant • Treatment with drugs known to raise blood pressure • Other systemic illnesses associated with hypertension (eg, neurofibromatosis, tuberous sclerosis) • Evidence of increased elevated intracranial pressure	*Children with specific risk conditions or change in risk*	Blood pressure measurement
Vision	• Parental concern. • Relevant family histories regarding eye disorders or preschool or early childhood use of glasses in parents or siblings should be explored.	• Do you have concerns about how your child sees?	Ophthalmology referral

[a] Positive screenings should be referred for a diagnostic audiologic assessment, and an infant with a definitive diagnosis should be referred to the state Early Intervention Program.
[b] The Evidence and Rationale chapter of *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, 4th Edition, provides additional information on these risk criteria.
[c] Based on risk factors noted in *italics* or on the risk assessment questions listed here.

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Bright Futures Medical Screening Reference Table
4 Month Visit

Universal Screening	Action
Depression: Maternal	Maternal depression screen

Selective Screening	Medical History Risk Factors[a]	Risk Assessment[b]	Action if Risk Assessment Is Positive
Anemia	• Prematurity • Low birth weight • Use of low-iron formula or infants not receiving iron-fortified formula • Early introduction of cow's milk	*Preterm and low birth weight infants and formula-fed infants not on iron-fortified formula* • Is your child drinking anything other than breast milk or iron-fortified formula?	Hematocrit or hemoglobin
Blood Pressure	• History of prematurity, very low birth weight, or other neonatal complication requiring intensive care • Congenital heart disease (repaired or non-repaired) • Recurrent urinary tract infections, hematuria, or proteinuria • Known kidney disease or urological malformations • Family history of congenital kidney disease • Solid-organ transplant • Malignancy or bone marrow transplant • Treatment with drugs known to raise blood pressure • Other systemic illnesses associated with hypertension (eg, neurofibromatosis, tuberous sclerosis) • Evidence of increased elevated intracranial pressure	*Children with specific risk conditions or change in risk*	Blood pressure measurement

Selective Screening	Medical History Risk Factors[a]	Risk Assessment[b]	Action if Risk Assessment Is Positive
Hearing	• Caregiver concern[c] regarding hearing, speech, language, or developmental delay. • Family history[c] of permanent childhood hearing loss. • Neonatal intensive care of >5 days or any of the following regardless of length of stay: extracorporeal membrane oxygenation, assisted ventilation, exposure to ototoxic medications (gentamycin and tobramycin) or loop diuretics (furosemide/Lasix), and hyperbilirubinemia that requires exchange transfusion. • In utero infections such as cytomegalovirus,[c] herpes, rubella, syphilis, and toxoplasmosis. • Craniofacial anomalies, including those involving the pinna, those involving the ear canal, ear tags, ear pits, and temporal bone anomalies. • Physical findings, such as white forelock, associated with a syndrome known to include a sensorineural or permanent conductive hearing loss. Syndromes associated with hearing loss or progressive or late-onset hearing loss,[c] such as neurofibromatosis, osteopetrosis, and Usher syndrome. Other frequently identified syndromes include Waardenburg, Alport, Pendred, and Jervell and Lange-Nielson. • Neurodegenerative disorders,[c] such as Hunter syndrome, or sensory motor neuropathies, such as Friedreich ataxia and Charcot-Marie-Tooth disease. • Culture-positive postnatal infections associated with sensorineural hearing loss,[c] including confirmed bacterial and viral (especially herpesvirus and varicella-zoster virus) meningitis. • Head trauma, especially basal skull or temporal bone fracture[c] requiring hospitalization. • Chemotherapy.[c]	• Do you have concerns about how your child hears?	Referral for diagnostic audiologic assessment
Vision	• Parental concern. • Relevant family histories regarding eye disorders or preschool or early childhood use of glasses in parents or siblings should be explored.	• Do you have concerns about how your child sees?	Ophthalmology referral

[a] The Evidence and Rationale chapter of *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, 4th Edition, provides additional information on these risk criteria.

[b] Based on risk factors noted in *italics* or on the risk assessment questions listed here.

[c] Risk indicators that are of greater concern for delayed-onset hearing loss.

Bright Futures Medical Screening Reference Table
6 Month Visit

Universal Screening	Action
Depression: Maternal	Maternal depression screen
Oral Health	Administer the oral health risk assessment. Apply fluoride varnish after first tooth eruption.

Selective Screening	Medical History Risk Factors[a]	Risk Assessment[b]	Action if Risk Assessment Is Positive
Blood Pressure	• History of prematurity, very low birth weight, or other neonatal complication requiring intensive care • Congenital heart disease (repaired or non-repaired) • Recurrent urinary tract infections, hematuria, or proteinuria • Known kidney disease or urological malformations • Family history of congenital kidney disease • Solid-organ transplant • Malignancy or bone marrow transplant • Treatment with drugs known to raise blood pressure • Other systemic illnesses associated with hypertension (eg, neurofibromatosis, tuberous sclerosis) • Evidence of increased elevated intracranial pressure	*Children with specific risk conditions or change in risk*	Blood pressure measurement
Hearing	• Caregiver concern[c] regarding hearing, speech, language, or developmental delay. • Family history[c] of permanent childhood hearing loss. • Neonatal intensive care of >5 days or any of the following regardless of length of stay: extracorporeal membrane oxygenation, assisted ventilation, exposure to ototoxic medications (gentamycin and tobramycin) or loop diuretics (furosemide/Lasix), and hyperbilirubinemia that requires exchange transfusion. • In utero infections such as cytomegalovirus,[c] herpes, rubella, syphilis, and toxoplasmosis. • Craniofacial anomalies, including those involving the pinna, those involving the ear canal, ear tags, ear pits, and temporal bone anomalies. • Physical findings, such as white forelock, associated with a syndrome known to include a sensorineural or permanent conductive hearing loss. • Syndromes associated with hearing loss or progressive or late-onset hearing loss,[c] such as neurofibromatosis, osteopetrosis, and Usher syndrome. Other frequently identified syndromes include Waardenburg, Alport, Pendred, and Jervell and Lange-Nielson. • Neurodegenerative disorders,[c] such as Hunter syndrome, or sensory motor neuropathies, such as Friedreich ataxia and Charcot-Marie-Tooth disease. • Culture-positive postnatal infections associated with sensorineural hearing loss,[c] including confirmed bacterial and viral (especially herpesvirus and varicella-zoster virus) meningitis. • Head trauma, especially basal skull or temporal bone fracture[c] requiring hospitalization. • Chemotherapy.[c]	• Do you have concerns about how your child hears?	Referral for diagnostic audiologic assessment

Selective Screening	Medical History Risk Factors[a]	Risk Assessment[b]	Action if Risk Assessment Is Positive
Lead	Local health care professionals should work with state, county, or local health authorities to develop sensitive, customized questions appropriate to the housing and hazards encountered locally. The Centers for Disease Control and Prevention recommends blood lead testing for all refugee children who are 6 months to 16 years of age upon entering the United States. Repeated blood lead level testing of all refugee children who are 6 months to 6 years of age 3 to 6 months after they are placed in permanent residences should be considered a "medical necessity," regardless of initial test results.	• Does your child live in or visit a home or child care facility with an identified lead hazard or a home built before 1960 that is in poor repair or was renovated in the past 6 months?	Lead blood test
Oral Health	The US Preventive Services Task Force recommends that primary care clinicians prescribe oral fluoride supplementation at currently recommended doses to children starting at 6 months of age whose primary water source is deficient in fluoride. Systemic fluoride intake through optimal fluoridation of drinking water or professionally prescribed supplements is recommended to 16 years of age or the eruption of the second permanent molars, whichever comes first.	• Does your child's primary water source contain fluoride?	Oral fluoride supplementation
Tuberculosis	Children who should have an annual tuberculosis test • Children infected with human immunodeficiency virus (HIV)	• Was your child or any household member born in, or has he or she traveled to, a country where tuberculosis is common (this includes countries in Africa, Asia, Latin America, and Eastern Europe)? • Has your child had close contact with a person who has tuberculosis disease or who has had a positive tuberculosis test result? • Is your child infected with HIV?	Tuberculosis test
Vision	• Parental concern. • Relevant family histories regarding eye disorders or preschool or early childhood use of glasses in parents or siblings should be explored.	• Do you have concerns about how your child sees? • Do your child's eyes appear unusual or seem to cross? • Do your child's eyelids droop or does one eyelid tend to close? • Have your child's eyes ever been injured?	Ophthalmology referral

[a] The Evidence and Rationale chapter of *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, 4th Edition, provides additional information on these risk criteria.

[b] Based on risk factors noted in *italics* or on the risk assessment questions listed here.

[c] Risk indicators that are of greater concern for delayed-onset hearing loss.

Bright Futures Medical Screening Reference Table
9 Month Visit

Universal Screening	Action
Development	Developmental screen
Oral Health	Oral health risk assessment. Apply fluoride varnish after first tooth eruption.

Selective Screening	Medical History Risk Factors[a]	Risk Assessment[b]	Action if Risk Assessment Is Positive
Blood Pressure	• History of prematurity, very low birth weight, or other neonatal complication requiring intensive care • Congenital heart disease (repaired or non-repaired) • Recurrent urinary tract infections, hematuria, or proteinuria • Known kidney disease or urological malformations • Family history of congenital kidney disease • Solid-organ transplant • Malignancy or bone marrow transplant • Treatment with drugs known to raise blood pressure • Other systemic illnesses associated with hypertension (eg, neurofibromatosis, tuberous sclerosis) • Evidence of increased elevated intracranial pressure	*Children with specific risk conditions or change in risk*	Blood pressure measurement
Hearing (*continued on next page*)	• Caregiver concern[c] regarding hearing, speech, language, or developmental delay. • Family history[c] of permanent childhood hearing loss. • Neonatal intensive care of >5 days or any of the following regardless of length of stay: extracorporeal membrane oxygenation, assisted ventilation, exposure to ototoxic medications (gentamycin and tobramycin) or loop diuretics (furosemide/Lasix), and hyperbilirubinemia that requires exchange transfusion. • In utero infections such as cytomegalovirus,[c] herpes, rubella, syphilis, and toxoplasmosis. • Craniofacial anomalies, including those involving the pinna, those involving the ear canal, ear tags, ear pits, and temporal bone anomalies. • Physical findings, such as white forelock, associated with a syndrome known to include a sensorineural or permanent conductive hearing loss. • Syndromes associated with hearing loss or progressive or late-onset hearing loss,[c] such as neurofibromatosis, osteopetrosis, and Usher syndrome. Other frequently identified syndromes include Waardenburg, Alport, Pendred, and Jervell and Lange-Nielson. • Neurodegenerative disorders,[c] such as Hunter syndrome, or sensory motor neuropathies, such as Friedreich ataxia and Charcot-Marie-Tooth disease.	• Do you have concerns about how your child hears?	Referral for diagnostic audiologic assessment

Selective Screening	Medical History Risk Factors[a]	Risk Assessment[b]	Action if Risk Assessment Is Positive
Hearing (*continued*)	• Culture-positive postnatal infections associated with sensorineural hearing loss,[c] including confirmed bacterial and viral (especially herpesvirus and varicella-zoster virus) meningitis. • Head trauma, especially basal skull or temporal bone fracture[c] requiring hospitalization. • Chemotherapy.[c]	• Do you have concerns about how your child hears?	Referral for diagnostic audiologic assessment
Lead	Local health care professionals should work with state, county, or local health authorities to develop sensitive, customized questions appropriate to the housing and hazards encountered locally. The Centers for Disease Control and Prevention recommends blood lead testing for all refugee children who are 6 months to 16 years of age upon entering the United States. Repeated blood lead level testing of all refugee children who are 6 months to 6 years of age 3 to 6 months after they are placed in permanent residences should be considered a "medical necessity," regardless of initial test results.	• Does your child live in or visit a home or child care facility with an identified lead hazard or a home built before 1960 that is in poor repair or was renovated in the past 6 months?	Lead blood test
Oral Health	The US Preventive Services Task Force recommends that primary care clinicians prescribe oral fluoride supplementation at currently recommended doses to children starting at 6 months of age whose primary water source is deficient in fluoride. Systemic fluoride intake through optimal fluoridation of drinking water or professionally prescribed supplements is recommended to 16 years of age or the eruption of the second permanent molars, whichever comes first.	• Does your child's primary water source contain fluoride?	Oral fluoride supplementation
Vision	• Parental concern. • Relevant family histories regarding eye disorders or preschool or early childhood use of glasses in parents or siblings should be explored.	• Do you have concerns about how your child sees? • Do your child's eyes appear unusual or seem to cross? • Do your child's eyelids droop or does one eyelid tend to close? • Have your child's eyes ever been injured?	Ophthalmology referral

[a] The Evidence and Rationale chapter of *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, 4th Edition, provides additional information on these risk criteria.

[b] Based on risk factors noted in *italics* or on the risk assessment questions listed here.

[c] Risk indicators that are of greater concern for delayed-onset hearing loss.